

CLAIMS ONLY								Application Number 10522335		Filing Date		
								Applicant(s)				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
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Total Indep			3					Total Indep				
Total Depend			18					Total Depend				
Total Claims			20					Total Claims				

Filing Date

Applicant(s)

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